



COLORADO

Department of Health Care
Policy & Financing

Nursing Facility Provider Fee Advisory Board Meeting Minutes

303 East 17th Avenue, Conference Room 11 C
February 17, 2016

1. Call to Order

Matt Haynes called the meeting to order at 01:10 p.m.

2. Roll Call

There were sufficient members for a quorum.

A. Members Present

Lonnie Hilzer, Arlene Miles, Josh Fant, Janet Snipes

B. Members on the Phone

Cindy Bunting, Lori Nelson, Doug Farmer

C. Members Excused

Paul Landry, Greg Traxler, Chris Stenger, Dan Stenerson, John Brammeier

D. Staff Present

Matt Haynes, Cynthia Miley

3. Approval of Minutes

The minutes from the January 20, 2016 meeting were approved.

4. Across the Board 3% Analysis

- When we re-base the distribution of cost is going to change
 - Those changes are going to be unpredictable going forward
 - Recommend re-base every year to maintain integrity
 - This overturns the apple cart and is not recommended by the stakeholders
- Would like to get away from the risk of using the as filed cost report
 - This can cause a provider to get rebased due to errors
- Reimbursement comes from two sources
 - MMIS Rate
 - Supplemental Payment
- In one model you get a piece of one year and a piece of another year under our current methodology



- Revised methodology proposes that interim rates will not be used to calculate MMIS rates or supplemental payments
 - MMIS rates will be calculated by inflating prior year rate by 3%
 - No change to total MMIS funds available, the state is still growing 3%
 - No change to total supplemental payment funds available
- Supplemental funds available are still the same
 - The buckets of money are still the same
 - Instead of doing half up front for one year and then doing a true up for the other year we are just going to do true up
- The distribution is not going to be exactly the same
- The end goal is to pay at the audited rate as close as possible
 - The general fund is capped and limited
 - There are costs that are over that general fund
- MMIS rates increase by 3% every year for everyone, will be able to predict MMIS rate going forward
- Simplification of supplemental payment calculations
- Interim rates based on as-filed cost reports will no longer impact reimbursement
- Those with negative rate true ups will still get 100% of their audited rates and those with positive rate true ups will not
- The first year will look a little different on the reimbursement schedule because the true up in first year is still calculating based on last year's MMIS plus last year's growth
 - Subsequent years the rate true up will just look at MMIS
- There is no anticipated significant impact overall or to individual providers
- Matt will present to the CHCA Executive Board

5. 2016-17 Model Data Collection and Timeline

- The days survey is currently happening
- Model should be finalized in July
- PASSR II, same resident days are being used to fund facility payment

6. Public Comment

No public comments

7. Action Items

No action items

8. The meeting was adjourned at 02:33 p.m.

Next meeting will be on March 16, 2016 at 1:00 p.m.



Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Matt Haynes at 303-866-3698 or matt.haynes@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting.

